

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2006-15
COMPREHENSIVE SCHOOL SAFETY PLANS
FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS

June 5, 2006

In accordance with Government Code (GC) section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for filing claims for the Comprehensive School Safety Plans program. These claiming instructions are issued subsequent to adoption of the program's Amended Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On July 30, 2002, the COSM determined that test claim legislation established costs mandated by the State according to the provisions listed in the Amended P's & G's. For your reference, the Amended P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any "school district" as defined in GC section 17519, except for community colleges, which incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

Filing Deadlines

A. Reimbursement Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Actual costs incurred for this program are reimbursable for fiscal year 2005-06 and must be filed with the SCO and be delivered or postmarked on or before **October 3, 2006**. However, actual claims for fiscal year 2005-06 and estimated claims for 2006-07 may be filed on or before **January 16, 2007**, without the late penalty.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Late Penalty

1. Initial Claims

AB 3000, enacted into law on September 30, 2002, amended the late penalty assessments on initial claims. Late initial claims submitted **on or after September 30, 2002**, are assessed a late penalty of 10% of the total amount of the initial claims **without limitation**.

2. Annual Reimbursement Claims

All late annual reimbursement claims are assessed a late penalty of 10% subject to the \$1,000 limitation regardless of when the claims were filed.

C. Estimated Claims

Unless otherwise specified in the claiming instructions, school districts are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07).

However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the supplemental claim forms must be completed to support the estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such claim exceeds one thousand dollars (\$1,000).

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at, or near, the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. It may also include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Certification of Claim

In accordance with the provisions of GC section 17561, an authorized representative of the claimant shall be required to provide a certification of claim stating: "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of the Code of Civil Procedure section 2015.5, for those costs mandated by the State and contained herein.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a school district for this mandate is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim.

In any case, an audit shall be completed no later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. On-site audits will be conducted by the SCO as deemed necessary.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions, or requests for hard copies of these instructions, should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to **LRSDAR@sco.ca.gov**. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**

Use the following mailing addresses:

If delivered by

U.S. Postal Service:

Office of the State Controller

Attn: Local Reimbursements Section

Division of Accounting and Reporting

P.O. Box 942850

Sacramento, CA 94250

If delivered by

other delivery services:

Office of the State Controller

Attn: Local Reimbursements Section

Division of Accounting and Reporting

3301 C Street, Suite 500

Sacramento, CA 95816

AMENDED PARAMETERS AND GUIDELINES

Statutes 1997, Chapter 736
Statutes 1999, Chapter 996
Former Education Code Sections 35294.1, 35294.2, 35294.6, and 35294.8
[Renumbered Education Code Sections 32281, 32282, 32286, and 32288 by
Statutes 2003, Chapter 828]

Comprehensive School Safety Plans

Parameters and Guidelines for Reimbursement Claims filed for
Fiscal Year 2005-2006 and beyond

I. SUMMARY OF THE MANDATE

The test claim legislation (Statutes 1997, chapter 736 and Statutes 1999, chapter 996) enacted the *Comprehensive School Safety Plans* program that requires each school district and county office of education to develop and adopt comprehensive school safety plans that are relevant to the safety needs of each school.

On July 30, 2002, the Commission approved amendments to the statement of decision adopted on August 23, 2001, for “*Comprehensive School Safety Plans*” (99-TC-10 amended by 98-TC-01). The Commission found that Education Code sections 35294.1, 35294.2, 39294.6, and 35294.8 constitute a reimbursable new program or higher level of service and imposes costs mandated by the state within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514.

II. ELIGIBLE CLAIMANTS

Any “school district,” as defined in Government Code section 17519, except for community colleges, which incurs increased costs as a result of this mandate, is eligible to claim reimbursement.

III. PERIOD OF REIMBURSEMENT

This amended set of parameters and guidelines is operative for reimbursement claims (including estimated claims) filed for fiscal years 2005-2006 and beyond.

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A local agency or school district may file an estimated reimbursement claim by January 15 of the fiscal year in which costs are to be incurred, and, by January 15 following that fiscal year shall file an annual reimbursement claim that details the costs actually incurred for that fiscal year; or it may comply with the provisions of subdivision (b).

2. A local agency or school district may, by January 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
3. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between October 15 and January 15, a local agency or school district filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561 (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions. If the total costs for a given fiscal year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual costs were incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible school district and county office of education, the following activities are reimbursable:

1. One-Time Activities

a. Review Existing Plan

- i. Review the safety plan in existence on December 31, 1997, to determine if it satisfies the requirements of Education Code section 35294.9.

b. Comprehensive School Safety Plans

Schools satisfying Education Code sections 32281,¹ subdivision (d) (small school district if it develops a district-wide plan applicable to each school site)² are exempt from activities b. i. – vi. Schools that are exempt may not seek reimbursement for these activities.

- i. Write and develop a comprehensive school safety plan relevant to the needs and resources of each school site. (Former Ed. Code, §35294.1, subds. (a) & (b), renumbered § 32281, subds. (a) and (b), 32282, subd. (b).)³
- ii. Consult in writing with a law enforcement agency when writing and developing the plan. (Former Ed. Code, § 34294.1, subd. (b)(3), renumbered § 32281, subd. (b)(3).)⁴
- iii. Consult, cooperate and coordinate with other school sites, if practical, in developing a school safety plan. (Former Ed. Code, § 35294.2, subd. (d), renumbered § 32282, subd. (d).)
- iv. Assess the current status of school crime committed on school campuses and at school-related functions. (Former Ed. Code, §35294.2, subd. (a)(1), renumbered § 32282, subd. (a)(1).)
- v. Identify appropriate strategies and programs that will provide or maintain a high level of school safety and address the school's procedures for complying with existing laws related to school safety. (Former Ed. Code, §35294.2, subd (a)(2), renumbered § 32282, subd. (a)(2).)
- vi. Develop and include procedures in the school safety plan for:
 - (a) Child abuse reporting procedures consistent with Article 2.5 (commencing with section 11164) of Title 1 of Part 4 of the Penal Code. (Ed. Code, § 32282, subd. (a)(2)(A).)

¹ Former Education Code section 35294.1 was renumbered section 32281 by Statutes 2003, chapter 828 (Sen. Bill No. 719).

² Former Education Code section 35294.9 was repealed by Statutes 2003, chapter 828 (Sen. Bill No. 719).

³ Former section 35294.1 was renumbered by Statutes 2003, chapter 828 (Sen. Bill No. 719.).

⁴ Ibid.

- (b) Routine and emergency disaster procedures. (Ed. Code, § 32282, subd. (a)(2)(B).)
- (c) Policies pursuant to subdivision (d) of section 48915 (listing particular circumstances for expulsion) for pupils who have committed a listed act and other school-designated serious acts which could lead to suspension, expulsion, or mandatory expulsion recommendations, pursuant to Article 1 (commencing with section 48900) of Chapter 6 of Part 27, but only to the extent that these costs have not been claimed under *Suspensions, Expulsions, and Expulsion Appeals* (Statutes 1975, chapter 1253). (Ed. Code, § 32282, subd. (a)(2)(C).)
- (d) The definition of “gang-related apparel” if a school has adopted a dress code. The definition shall be limited to apparel that, if worn or displayed on a school campus, reasonably could be determined to threaten the health and safety of the school environment. (Ed. Code, § 32282, subd. (a)(2)(F).)
- (e) Procedures for safe ingress and egress of pupils, parents and school employees to and from school. (Ed. Code, § 32282, subd. (a)(2)(G).)
- (f) Procedures for a safe and orderly environment conducive to learning at the school. (Ed. Code, § 32282, subd. (a)(2)(H).) (Former Ed. Code, §35294.2, subd. (a)(2).)
- vii. Integrate existing policies and procedures on sexual harassment, emergency disasters, dress code, notification to teachers of dangerous pupils, and school discipline into the school safety plan. (Ed. Code, § 32282, subd. (a)(2)(D), (E), (F), & (I).)
- c. Adoption of the Initial Plan
 - i. Before adopting its comprehensive school safety plan, the schoolsite council or school safety planning committee holding a public meeting at the school site to allow members of the public the opportunity to express an opinion about the school safety plan. (Former Ed. Code, §35294.8, subd. (b), renumbered Ed. Code, § 32288, subd. (b)(1).) Any activities already reimbursed under the *Open Meetings Act* (Statutes 1986, chapter 641) shall not be reimbursed under *Comprehensive School Safety Plans*.
 - ii. Adoption by the school of a comprehensive school safety plan by March 1, 2000. (Former Ed. Code, §35294.6, subd. (a), renumbered § 32286, subd. (a).)⁵
 - iii. In order to ensure compliance with this article, submission by each school of its comprehensive school safety plan to the school district or county

⁵ This statute was amended by Statutes 2002, chapter 91 to require schools that begin offering classes after March 1, 2001, to adopt comprehensive school safety plans within one year of initiating operation of the school, and to update their plans annually by March 1. This amendment is the subject of a new test claim *Comprehensive School Safety Plans II* (02-TC-35), filed on June 23, 2003.

office of education for approval. (Former Ed. Code, §35294.2, subd. (f) and §35294.8, subd. (a), renumbered §§ 32282, subd. (f) and 32288, subd. (a).).

2. On-Going Activities

a. Update the Plan

- i. No less than once per year, evaluate and amend, as needed, the comprehensive school safety plan by the school safety planning committee to ensure the plan is properly implemented. (Former Ed. Code, §35294.2, subd. (e), renumbered § 32282, subd. (e).)
- ii. On or before March 1 of each year, review and update the plan. (Former Ed. Code, §35294.6, subd. (a), renumbered § 32286, subd. (a).)
- iii. Consult, cooperate and coordinate with other school sites, *if practical*, in updating the safety plan. (Former Ed. Code, §35294.2, subd. (d), renumbered § 32282, subd. (d).)
- ii. Beginning in July 2000, and on or before July 1 of each year, each school shall include the status of their safety plan, including a description of its key elements, in the annual school accountability report card. (Ed. Code, §35294.6, subd. (b).) Any activities already reimbursed under the *School Accountability Report Cards* program (Statutes 1989, chapter 1463) shall not be reimbursed under *Comprehensive School Safety Plans*.
- iii. Submit the updated plan to the school district or county office of education. (Former Ed. Code, § 35294.2, subd. (f) and § 35294.8, subd. (c), renumbered § 32282, subd. (f), & § 32288, subd. (a).)
- iv. On or before October 15 of each year school districts and county offices of education shall report to the State Department of Education any schools that have not complied with the requirement to write and develop a safety plan. (Former Ed. Code, §35294.8, subd. (c), renumbered § 32288, subd. (c).)
- v. Each school district shall make available an updated file of all safety-related plans and materials for public inspection. (Former Ed. Code, §35294.2, subd. (e), renumbered § 32282, subd. (e).)

V. CLAIM PREPARATION AND SUBMISSION

Each of the following cost elements must be identified for each reimbursable activity identified in Section IV, Reimbursable Activities of this document. Each claimed reimbursable cost must be supported by source documentation as described in Section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. Direct costs that are eligible for reimbursement are:

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. Attach a copy of the contract to the claim. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the dates when services were performed and itemize all costs for those services. The cost of contracting with consultants to develop the school safety plans is not eligible for reimbursement.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price necessary to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Training is not eligible for reimbursement under this program.

B. Indirect Cost Rates

Indirect costs are costs that have been incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved. After direct costs have been determined and assigned to other activities, as appropriate, indirect costs are those remaining to be allocated to benefited cost objectives. A cost may not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been claimed as a direct cost.

Indirect costs include: (a) the indirect costs originating in each department or agency of the governmental unit carrying out state mandated programs, and (b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs.

School districts must use the J-380 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

County offices of education must use the J-580 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter* is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, service fees collected, federal funds and other state funds shall be identified and deducted from this claim. Any grants received under the *Safe School Plans for New Schools Grant* Program shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue revised claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted revised parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The revised claiming instructions shall be derived from the statute or executive order creating the mandate and the revised parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

* This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (d), and California Code of Regulations, title 2, section 1183.2.

| CLAIM FOR PAYMENT | | | For State Controller Use Only | | Program | |
|---|-------------------------------------|---|--|---------------------|---------|--|
| Pursuant to Government Code Section 17561 COMPREHENSIVE SCHOOL SAFETY PLANS FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS | | | (19) Program Number 00223 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____ | | 223 | |
| L A B E L H E R E | (01) Claimant Identification Number | | Reimbursement Claim Data | | | |
| | (02) Claimant Name | | (22) CSSP-1, (04)(1)(a)(f) | | | |
| | County of Location | | (23) CSSP-1, (04)(1)(b)(f) | | | |
| | Street Address or P.O. Box Suite | | (24) CSSP-1, (04)(1)(c)(f) | | | |
| | City State Zip Code | | (25) CSSP-1, (04)(2)(a)(f) | | | |
| | | | (26) CSSP-1, (06) | | | |
| Type of Claim | | Estimated Claim | | Reimbursement Claim | | |
| | | (03) Estimated <input type="checkbox"/> | (09) Reimbursement <input type="checkbox"/> | (27) CSSP-1, (07) | | |
| | | (04) Combined <input type="checkbox"/> | (10) Combined <input type="checkbox"/> | (28) CSSP-1, (09) | | |
| | | (05) Amended <input type="checkbox"/> | (11) Amended <input type="checkbox"/> | (29) CSSP-1, (10) | | |
| Fiscal Year of Cost | | (06) 20____/20____ | (12) 20____/20____ | (30) | | |
| Total Claimed Amount | | (07) | (13) | (31) | | |
| Less: 10% Late Penalty, not to exceed \$1,000 | | | (14) | (32) | | |
| Less: Prior Claim Payment Received | | | (15) | (33) | | |
| Net Claimed Amount | | | (16) | (34) | | |
| Due from State | (08) | (17) | (35) | | | |
| Due to State | | (18) | (36) | | | |
| (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. <div style="display: flex; justify-content: space-between;"> <div>Signature of Authorized Officer</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Type or Print Name</div> <div>Title</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>(38) Name of Contact Person for Claim</div> <div>Telephone Number () - Ext.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>E-Mail Address</div> <div>_____</div> </div> | | | | | | |

| | | |
|------------------------------|--|------------------------------|
| Program 223 | COMPREHENSIVE SCHOOL SAFETY PLANS FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS Certification Claim Form Instructions | FORM FAM-27 |
| | | |
| | | |

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CSSP-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 and supporting schedules for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form CSSP-1, line (11). The total claimed amount must exceed \$1,000.
- (14) **Filing Deadline. Initial Claims of Ch. 736/97 et seq.** Reimbursement claims for fiscal year 2005-06 must be filed on or before **October 3, 2006**, or the claims must be reduced by a late penalty. Estimated claims for fiscal year 2006-07 may be filed by **January 16, 2007**. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. Reimbursement claims for subsequent fiscal years must be filed by **January 15** of the following fiscal year in which costs were incurred, or the claims shall be reduced by a late penalty of 10%. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty).
- (15) If filing an actual reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g. CSSP-1, (04)(1)(a)(f), means the information is located on form CSSP-1, block (04)(1), line (a), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the school district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

| | | | | | | | |
|--------------------------------------|---|------------------------------|--|----------------------------|---------------------|---|--------------|
| Program 223 | MANDATED COSTS COMPREHENSIVE SCHOOL SAFETY PLANS FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS CLAIM SUMMARY | | | | | FORM CSSP-1 | |
| | (01) Claimant | | | (02) Type of Claim | | Fiscal Year | |
| | | | Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> | | ___ / ___ | | |
| Claim Statistics | | | | | | | |
| (03) Leave blank. | | | | | | | |
| Direct Costs | | Object Accounts | | | | | |
| (04) Reimbursable Components | | (a) Salaries and Benefits | (b) Materials and Supplies | (c) Contract Services | (d) Fixed Assets | (e) Travel | (f) Total |
| 1. One Time Costs | | | | | | | |
| a. Existing Plan Review | | | | | | | |
| b. Comprehensive School Safety Plans | | | | | | | |
| c. Initial Plan Adoption | | | | | | | |
| 2. Ongoing Costs | | | | | | | |
| a. Update the Plan | | | | | | | |
| (05) Total Direct Costs | | | | | | | |
| | | | | | | | |
| Indirect Costs | | | | | | | |
| (06) Indirect Cost Rate | | | | [From J-380 or J-580] | | % | |
| (07) Total Indirect Costs | | | | [Line (06) x line (05)(a)] | | | |
| (08) Total Direct and Indirect Costs | | | | [Line (05)(f) + line (07)] | | | |
| | | | | | | | |
| Cost Reduction | | | | | | | |
| (09) Less: Offsetting Savings | | | | | | | |
| (10) Less: Other Reimbursements | | | | | | | |
| (11) Total Claimed Amount | | | | | | [Line (08) - {(line (09) + line (10))}] | |

| | | |
|------------------------------|--|------------------------------|
| Program 223 | <p style="text-align: center;">COMPREHENSIVE SCHOOL SAFETY PLANS FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS CLAIM SUMMARY Instructions</p> | FORM CSSP-1 |
|------------------------------|--|------------------------------|

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form CSSP-1 must be filed for a reimbursement claim. Do not complete form CSSP-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CSSP-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Leave blank.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form CSSP-2, line (05), columns (d) through (h) to form CSSP-1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580 as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Salaries and Benefits, line (05)(a).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

| | | | | | | | |
|---|---|---------------------------------------|------------------------------------|-------------------------------------|-----------------------------|------------------------|-----------------------------------|
| <div> <div>Program</div> <div>223</div> </div> | <div>MANDATED COSTS</div> <div>COMPREHENSIVE SCHOOL SAFETY PLANS</div> <div>FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS</div> <div>COMPONENT/ACTIVITY COST DETAIL</div> | | | | | | <div>FORM</div> <div>CSSP-2</div> |
| | (01) Claimant | | | (02) Fiscal Year | | | |
| (03) Reimbursable Components: Check only one box per form to identify the component being claimed. | | | | | | | |
| <div> <div>One-Time</div> <div> <input type="checkbox"/> Existing Plan Review <input type="checkbox"/> Comprehensive School Safety Plans <input type="checkbox"/> Initial Plan Adoption </div> </div> | | | | | | | |
| <div> <div>Ongoing</div> <div> <input type="checkbox"/> Update the Plan </div> </div> | | | | | | | |
| (04) Description of Expenses | | | Object Accounts | | | | |
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries and Benefits | (e) Materials and Supplies | (f) Contract Services | (g) Fixed Assets | (h) Travel |
| | | | | | | | |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____ | | | | | | | |

| | | |
|------------------------|---|------------------------|
| Program 223 | COMPREHENSIVE SCHOOL SAFETY PLANS FOR 2005-2006 AND SUBSEQUENT FISCAL YEARS COMPONENT/ACTIVITY COST DETAIL | FORM CSSP-2 |
| | Instructions | |
| | | |

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CSSP-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|-----------------------------------|--|--|--|---------------------------------------|----------------------------------|--|-------------------------|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| Salaries and Benefits | | | | | | | | | |
| Salaries | Employee Name/Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Activities Performed | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | | | |
| Contract Services | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | Cost=Hourly Rate x Hours Worked or Total Contract Cost | | | Copy of Contract and Invoices |
| Fixed Assets | Description of Equipment Purchased | Unit Cost | Usage | | | | Cost= Unit Cost x Usage | | |
| Travel | Purpose of Trip Name and Title Departure and Return Date | Per Diem Rate Mileage Rate Travel Cost | Days Miles Travel Mode | | | | | Cost = Rate x Days or Miles or Total Travel Cost | |

- (05) Total line (04), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h) to form CSSP-1, block (04), columns (a) through (e) in the appropriate row.